

**WHATCOM COUNTY**  
**CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:  
202501008 – 3

Originating Department:	85 Health and Community Services
Division/Program: (i.e. Dept. Division and Program)	8550 Human Services / 855040 Housing
Contract or Grant Administrator:	Ashley Geleynse
Contractor's / Agency Name:	Opportunity Council

Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:		202501008	
Does contract require Council Approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC:		
Already approved? Council Approved Date:		(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)		
Is this a grant agreement?	If yes, grantor agency contract number(s):		ALN#:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Is this contract grant funded?	If yes, Whatcom County grant contract number(s):		202307017	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Method of Procurement:	RFP 24-42	Contract Cost Center:	18521002.6610 (\$1,926,719) / 18501000.6610 (\$81,147)	
Is this agreement excluded from E-Verify?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			

If YES, indicate exclusion(s) below:

<input type="checkbox"/> Professional services agreement for certified/licensed professional.	<input type="checkbox"/> Goods and services provided due to an emergency.
<input type="checkbox"/> Contract work is for less than \$100,000.	<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).
<input type="checkbox"/> Contract work is for less than 120 days.	<input type="checkbox"/> Work related subcontract less than \$25,000.
<input type="checkbox"/> Interlocal Agreement (between Governments).	<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.

Contract Amount:(sum of original contract amount and any prior amendments):	<p>Council approval required for; all property leases, contracts or bid awards <b>exceeding \$40,000</b>, and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when:</b></p> <ol style="list-style-type: none"> <li>1. Exercising an option contained in a contract previously approved by the council.</li> <li>2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance.</li> <li>3. Bid or award is for supplies.</li> <li>4. Equipment is included in Exhibit "B" of the Budget Ordinance</li> <li>5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.</li> </ol>
\$ 919,381	
This Amendment Amount:	
\$ 2,007,866	
Total Amended Amount:	
\$ 2,927,247	

Summary of Scope: This amendment extends the contract for one year.

<b>Contract Term Ends:</b>	<b>06/30/2026</b>			
Contract Routing:	1. Prepared by:	J. Thomson	Date:	05/06/2025
	2. Health Budget Approval	PL/CR	Date:	05/30/2025
	3. Attorney signoff:	Christopher Quinn	Date:	05/30/2025
	4. AS Finance reviewed:	Bbennett	Date:	06/11/2025
	5. IT reviewed (if IT related):		Date:	
	6. Contractor Program Manager Review:		Date:	
	7. Executive Contract Review:		Date:	
	8. Council approved (if necessary):		Date:	
	9. Executive signed:		Date:	
	10. Original to Council:		Date:	

**WHATCOM COUNTY CONTRACT AMENDMENT  
HOUSING CASE MANAGEMENT**

**PARTIES:**

**Whatcom County  
Whatcom County Health and Community Services  
509 Girard Street  
Bellingham, WA 98225**

**AND CONTRACTOR:  
Opportunity Council  
1111 Cornwall Avenue  
Bellingham, WA 98225**

**CONTRACT PERIODS:**

**Original: 01/01/2025 – 06/30/2025  
Amendment #1: 02/26/2025 – 06/30/2025  
Amendment #2: 05/05/2025 – 06/30/2025  
Amendment #3: 07/01/2025 – 06/30/2026**

**THE CONTRACT IDENTIFIED HEREIN, INCLUDING ANY PREVIOUS AMENDMENTS THERETO, IS  
HEREBY AMENDED AS SET FORTH IN THE DESCRIPTION OF THE AMENDMENT BELOW BY MUTUAL  
CONSENT OF ALL PARTIES HERETO**

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**DESCRIPTION OF AMENDMENT:**

1. Extend the duration and other terms and conditions of this contract for one year, as per the original contract "General Terms, Section 10.2, Extension". The cumulative term of this contract may not extend beyond 12/31/2028.
2. Amend Exhibit A – Scope of Work, to update the services, requirements, outcomes, and outputs for the extended, one-year contract period.
3. Amend Exhibit B – Compensation, to update the budget to reflect the extended contract period
4. Replace Exhibit D – Flex Fund Guidelines with the current version.
5. Funding for this contract period (07/01/2025 – 06/30/2026) is not to exceed \$2,007,866.
6. Funding for the total contract period (01/01/2025 – 06/30/2026) is not to exceed \$2,927,247.
7. All other terms and conditions remain unchanged.
8. The effective start date of the amendment is 07/01/2025.

ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND ANY PREVIOUS AMENDMENTS THERETO REMAIN IN FULL FORCE AND EFFECT. ALL PARTIES IDENTIFIED AS AFFECTED BY THIS AMENDMENT HEREBY ACKNOWLEDGE AND ACCEPT THE TERMS AND CONDITIONS OF THIS AMENDMENT. Each signatory below to this Contract warrants that he/she is the authorized agent of the respective party; and that he/she has the authority to enter into the contract and bind the party thereto.

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APPROVAL AS TO PROGRAM: \_\_\_\_\_  
Ann Beck, Community Health and Human Services Manager Date

DEPARTMENT HEAD APPROVAL: \_\_\_\_\_  
Charlene Ramont, Interim Director Date  
Whatcom County Health and Community Services

APPROVAL AS TO FORM: \_\_\_\_\_  
Christopher Quinn, Chief Civil Deputy Prosecutor Date

FOR THE CONTRACTOR:

	Greg Winter, Executive Director	
Contractor Signature	Printed Name and Title	Date

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FOR WHATCOM COUNTY:

\_\_\_\_\_  
Satpal Singh Sidhu, County Executive Date

**CONTRACTOR INFORMATION:**

**Opportunity Council**  
1111 Cornwall Avenue  
Bellingham, WA 98225  
360-734-5121  
[Greg\\_Winter@oppco.org](mailto:Greg_Winter@oppco.org)

**EXHIBIT "A" – Amendment #3**  
**(SCOPE OF WORK)**

**I. Background and Purpose**

The purpose of this contract is to provide case management for individuals and families experiencing homelessness, or who are at risk of homelessness in order to improve housing stability and reduce homelessness in Whatcom County. Programs supported by this contract include Community Resource Center (CRC) information and referral services and Coordinated Entry (CE) intake, diversion and deposit assistance, housing pool case management, hotel/motel case management, rapid rehousing case management, permanent supportive housing case management, homelessness prevention case management, and veteran housing services navigation. This funding will support approximately 25% of CRC operations and CE intakes, 100% of diversion and deposit assistance, 100% of housing pool case management, 100% hotel/motel case management, 43% of rapid rehousing case management, 5% of permanent supportive housing case management, 100% of homelessness prevention case management, and 100% of veteran housing services navigation, as approved for this purpose by the Veterans Advisory Board.

According to the annual Point in Time Count of homeless persons conducted in January 2024, at least 671 households in Whatcom County were experiencing homelessness (including 243 that were unsheltered). Of those households, approximately 11% were families with children and the other 89% were households without children. Whatcom County's Plan to End Homelessness provides a blueprint for how our community will work together to prevent and end homelessness. The provision of housing assistance in the form of CE access and housing case management for temporary and permanent housing interventions are key components of the plan.

The sources of funding for this contract is the Consolidated Homeless Grant and the veterans' assistance fund. The budget includes personnel positions that are essential to providing case management services and other program-specific operational costs. Operational costs for programs that provide CE intakes, serve people who have been diverted from CE, are in the housing pool, emergency shelter, rapid rehousing, permanent supportive housing, or who are at risk of homelessness are eligible uses of the Consolidated Homeless Grant. Veterans assistance funds will provide support for services to Whatcom County veterans who are experiencing or at risk of homelessness.

**II. Definitions**

Coordinated Entry	A coordinated entry system assesses households in need of housing services to determine each household's urgency of need as well as the intervention type that would be most appropriate. The coordinated entry system refers households from the Housing Interest Pool to fill project vacancies as they occur. The system links individual households with partner agencies who provide the direct services for those clients.
Overnight Emergency Shelter	Short-term, temporary housing for people experiencing homelessness (drop-in night-by-night or continuous stay). May serve general population of adults or a specific subpopulation(s).
Diversion and/or Deposit Assistance	Assistance for people seeking shelter or other services by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and providing one-time financial assistance to help them return to permanent housing.
Homeless Management Information System (HMIS)	HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness.
Housing Pool (HP)	Registry of clients who are eligible and waiting for housing services. This registry is drawn upon to issue referrals for housing programs based on client needs and available resources instead of a first come, first served basis.
Homelessness/Eviction Prevention	Assistance for households who are at risk of homelessness to maintain or obtain stable housing and avoid homelessness. May include arrears, rental assistance, and supportive services to promote stability.
Low-barrier program	This is a program model that seeks to reduce homelessness by eliminating as many barriers as possible for entry into a residence or shelter and to maintain

	housing. For example, program entry and tenancy is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, or participation in services. The few requirements that do exist focus on safety and harm reduction.
Permanent Supportive Housing (PSH)	A long-term evidence-based best practice housing solution for vulnerable families and individuals with persistent challenges to stable housing. At least one member (adult or child) in the household must be living with a disability. This intervention pairs a rental subsidy with case management to support long-term stability and increase wellbeing of the household.
Rapid Rehousing (RRH)	A best practice housing solution for homeless families and individuals to regain stable housing through short- to medium-term rental subsidies and case management.
Whatcom Homeless Service Center (WHSC)	WHSC programs provide: (1) A centralized coordinated system of access; (2) Targeted prevention assistance to reduce the number of households that become homeless; (3) Re-housing for people who become homeless; (4) Supportive services promoting housing stability and self-sufficiency; and (5) Data management and tracking information for people receiving homeless housing services in Whatcom County and according to Washington State Department of Commerce HMIS data collection requirements.

### III. **Statement of Work**

This contract includes funding for the following Opportunity Council programs (1) CE access, (2) diversion and deposit assistance, (3) housing pool case management, (4) hotel/motel case management for families, (5) rapid rehousing case management for families, (6) permanent supportive housing case management, (7) homelessness prevention, and (8) veteran housing service navigation.

Information and referral (I&R) specialists will serve households experiencing homelessness or at risk of homelessness by having initial problem-solving conversations to determine causes of housing stability and available resources. When eligibility is determined, I&R specialists will complete intake applications for the CE Housing Pool.

- A. The Contractor will provide housing case management services for up to:
  1. 110 households needing diversion services or deposit assistance.
  2. 60 households who are in the housing pool awaiting a housing program referral.
  3. 50 families with children enrolled in the emergency shelter program (hotels/motels).
  4. 115 families with children enrolled in a rapid rehousing program (where the rental assistance is funded elsewhere).
  5. 7 households enrolled in a permanent supportive housing program.
  6. 115 households enrolled in the homelessness prevention program.
  7. 40 veteran households.
- B. In addition to providing rapid rehousing and homelessness prevention housing case management for veteran households, veterans' services will include providing outreach to those potentially eligible for services, building community relationships to enhance support for veterans eligible for services, tracking contacts with those inquiring about and receiving veterans' services, and tracking and fielding calls regarding these services.
- C. Housing case management activities include arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of households and helping them to obtain and maintain housing stability. Services include but are not limited to:
  1. Housing search;
  2. Tenant counseling;
  3. Assisting individuals and households with understanding leases;

4. Securing utilities;
  5. Making moving arrangements;
  6. Mediation and outreach to property owners related to locating or retaining housing;
  7. Monitoring and evaluating household progress towards self-sufficiency;
  8. Assuring that household housing-related rights are protected;
  9. Developing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance;
  10. Making connections to outside community resources that will help households maintain long-term housing stability.
- D. Specific to supporting households in emergency shelter, including hotels, case managers will:
1. Maintain safety and security of all staff and participants in collaboration with shelter/hotel staff.
  2. Maintain intake documentation of all participants that utilize hotels as shelter.
  3. Clearly communicate and document participant signed intake agreements that describe program rules and regulations.
  4. Provide private and confidential meeting spaces for program participants to have one on one check in's with internal and external case management supports.
  5. Proactively establish positive relationships with hotels and respond to complaints promptly and professionally. Establish and maintain a policy that outlines expectations of good neighbor behaviors.
  6. Use harm reduction and client centering practice in engagement with guests.
  7. Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking.
  8. Support participants through creative, resourceful strategies that build trust and confidence.
  9. Provide immediate assistance and support during times of crisis to prevent program exits, initiates action as required, including contact with emergency response systems.
  10. Engagement with guests in recreational and social activities to reduce isolation and promote integration.
  11. Assistance for participants in making pro-social choices.
- E. Specific to supporting households in permanent supportive housing, case managers will:
1. Work with participants to complete an assessment and make a plan to maintain their tenancy and improve their health and wellbeing;
  2. Help participants to make progress on their goals through regular check-ins, including redirecting participants when needed and celebrating progress;
  3. Provide guidance for participants in remaining compliant with all components of their lease;
  4. Provide guidance and advocacy for participants in meeting the requirements of their rent subsidy such as assisting with paperwork requirements;
  5. Develop participant-driven plans surrounding how to support the participant in a crisis offered at move-in and maintained annually;
  6. Develop housing retention plans in response to lease enforcement;
  7. For participants with Substance Use Disorder, develop and maintain participant-driven, harm reduction or recovery-focused goals;
  8. Provide transportation to important appointments that support housing stability;
  9. Make connections to resources to increase monthly income;

10. Advise participants on safety and hygiene standards in their units during in-unit visits that occur at least quarterly;
11. Provide assistance with making reasonable accommodation requests for the participants' home to make it safe and accessible, such as requesting the installation of grab bars in a bathroom;
12. Use harm reduction strategies that aim to minimize the negative consequences of behaviors rather than insisting on abstinence, and meeting individuals where they are in their journey.
13. Provide immediate assistance and support during times of crisis to address urgent needs and prevent loss of housing;
14. Engage with participants in on-site recreational and social activities to reduce isolation and promote integration where applicable;
15. Provide ongoing risk assessment and safety planning for participants who have been recent victims of domestic violence, dating violence, sexual assault, and stalking;
16. Regularly evaluate of the effectiveness of services and interventions to ensure they are meeting the goals of housing stability and improving the quality of life for the participant.
17. Further, the contractor will provide supportive services that facilitate and encourage connections to external community resources including, but not limited to:
  - a. Mental and behavioral health services;
  - b. Substance abuse treatment;
  - c. Health care;
  - d. Payee services;
  - e. Training and education;
  - f. Employment;
  - g. Parenting classes;
  - h. Childcare;
  - i. Social networks;
  - j. Family/community reconciliation; and
  - k. Other social safety net programs including SSDI, ABD, SNAP, Medicaid, etc.

#### **IV. Program Requirements**

##### **A. Eligibility criteria and population served:**

1. For programs funded by CHG, the Contractor will serve individuals and families that are experiencing a housing crisis and at or below 80% of the area median income.
2. For the veteran's assistance program, the Contractor will verify and document eligibility for serving indigent veterans as set forth in Whatcom County Code 2.150 and 2.152, and RCW 73.08.005. The veterans' case manager funded by this contract must sign a timesheet that includes this statement: *I certify that my time charged to this contract is for working indigent veterans in accordance with Whatcom County Code 2.150 and 2.152, and RCW 73.08.005.*

##### **B. CE and HMIS participation:**

1. The Contractor will comply with the Housing Pool (HP) referral procedures as described in the Whatcom County Coordinated Entry Partnership Roles and Responsibilities Memorandum of Agreement: <https://www.whatcomcounty.us/DocumentCenter/View/88148/MOA-for-CE-Partners-5724>
2. The Contractor will enroll all program participants in HMIS.

3. The Contractor will comply with Washington State Department of Commerce's Homeless Management Information System (HMIS) "Agency Partner Agreement," data collection, and recording requirements.
4. The Contractor will coordinate activation and changes to their HMIS programs with the Whatcom County HMIS Lead.

C. Consolidated Homeless Grant compliance:

1. The Contractor will comply with all State of Washington Department of Commerce Special Terms and Conditions of Commerce Grants, herein incorporated as Exhibit G.
2. The Contractor will comply with all State of Washington Department of Commerce Consolidated Homeless Grant (CHG) requirements, policies and procedures in the CHG Guidelines, including periodic updates to the Guidelines which can be accessed at the following link:  
<https://www.commerce.wa.gov/serving-communities/homelessness/consolidated-homeless-grant/>
  - a. The County will notify subgrantees via email when updated guidelines are published.
  - b. Commerce and the State of Washington are not liable from damages arising from Subcontractor's performance of this contract.

D. Program framework and training:

1. Staff should employ best practices for CE access and low barrier housing case management services in their work with program participants. Staff should be trained in the below skills and frameworks within six (6) months of hire or execution of the contract:
2. Trauma Informed Care
3. Cultural Competency (touch on specifics of population served in program)
4. Motivational Interviewing
5. Mental Health First Aid
6. Basic First Aid and CPR
7. Behavioral Health and Substance Use Disorders
8. De-escalation and Crisis Intervention
9. Racial Equity
10. LGTBQ+ Competency
11. Supporting Survivors of Domestic Violence
12. CE Policies and Procedures
13. Fair Housing
14. Housing First
15. Rapid Rehousing
16. Progressive Engagement and Problem-solving

V. **Additional Requirements**

A. Grievances:

Ensure that program participants and applicants understand their rights to file grievances with Whatcom County Health and Community Services and Opportunity Council and are provided full access to a grievance filing process. Grievance policies must be submitted to Whatcom County Health and Community Services Department at program onset and whenever updated.

B. Program monitoring:



The Contractor should anticipate being monitored by Whatcom County to ensure that services and funds are being offered as described in the statement of work and program requirements. Monitoring will typically include but is not limited to a self-assessment; a review of the program's policy/procedures manual, job descriptions, conflict of interest policies, fiscal control policies and procedures, and staff list; and an on-site file review. Programs that are out of compliance will be required to complete activities in a corrective action plan. Whatcom County reserves the right to additional monitoring as described in section 33.1.

C. Incident reporting:

The Contractor will submit incident reports to Whatcom County Health and Community Services within three business days of occurrence. Incidents include: property damage over \$3,000, participant fatality, participant or staff serious injury, and when imminent threats of harm occur. A template is available in Exhibit E, but an agency Incident Report may be submitted alternatively.

D. Recapturing unspent funds:

The Contract Administrator will review the program's spenddown at the halfway mark and three quarters of the way through the contract to ensure that the funds are being spent down at an appropriate rate. If the program is significantly underspending, the Contract Administrator may recommend recapturing funds that are not expected to be spent so they may be reallocated to other programs. Additionally, should the contractor identify that they will be unable to spend down their full amount, they should reach out to Whatcom County at their earliest convenience to amend the contract.

E. Severe weather and smoke planning:

Within one month of contract execution and following with annual updates, the contractor shall submit to Whatcom County a severe weather and smoke plan. A simple template is available in Exhibit F, but a more thorough version may be submitted as an alternative.

F. Interpretation services:

Where a staff member is not available to provide information to a head of household in a language known to the participant, the contractor will make interpretation services available to the participant for meetings and discussions on program eligibility and program services, as applicable.

G. Transportation assistance:

Opportunity Council will provide transportation assistance in the form of bus passes and/or gas cards to clients on a limited basis to clients that do not have other resources to cover this need.

1. The assistance will ensure that clients have access to transportation and/or enough gas to get to essential appointments and/or meetings including medical appointments, job interviews, school, and other appointments that are needed to continue their efforts towards stable housing.
2. The Total number of gas cards purchased by Opportunity Council with the funding provided through this contract may not exceed \$600.
  - a. The total value of each gas card purchased will be \$25.
  - b. The total amount of gas cards may not exceed \$200, per client.
  - c. Opportunity Council will maintain and submit to the County, a gas card distribution log documenting:
    - i. Unique client identification number
    - ii. Date of receipt
    - iii. Signature of staff distributing gas cards to each client and signature of staff witnessing that the intended clients received each gift card.
    - iv. Amount per distribution to client.
3. Cumulative total distributed to client for the entire contract period to date.
4. Purchases with these gas cards for any time other than gas is prohibited.
5. Opportunity Council staff will communicate to clients that the gas cards may only be used for gas purchases.

## VI. Program Outcomes

### A. CE Access Point:

1. Outcomes – At least 400 CE intakes will be completed.

### B. Diversion/Deposit Assistance:

#### 1. Outputs

- a. At least 60 households will receive resource referrals and problem-solving conversations (diversion).
- b. At least 25 households will use deposit assistance for a new housing unit.

2. Outcomes – At least 75% of households who received financial assistance will not enter the Housing Pool within nine (9) months.

### C. Housing Pool Case Management

1. Outputs – At least 60 HHs will receive resource referrals and problem-solving conversations.
2. Outcomes – At least 85% of households will reduce at least one significant barrier to housing.

### D. Hotel/Motel Case Management:

#### 1. Outputs

- a. At least 3,150 unit-nights will be supported by the program annually.
- b. At least 70% of occupants will engage in case management services (defined by at least one meeting in the previous month).

2. Outcomes – 50% or more of household exits will be to permanent housing.

### E. Rapid Rehousing Case Management:

#### 1. Outputs

- a. At least 100 HHs will be served.
- b. At least 90 program slots will be available.
- c. At least 70% of HHs will engage in case management services (defined as meeting at least one meeting in the previous month).

2. Outcomes – 80% of household exits will be to permanent housing.

### F. Homelessness Prevention Case Management:

#### 1. Outputs:

- a. Approximately 115 households will be served with prevention-based case management.
- b. At least 80 program slots will be available.
- c. At least 70% of households will engage in case management services (defined as at least one meeting in the previous month).

#### 2. Outcomes:

- a. 95% of households will not enter a program in HMIS within 6 months of receiving assistance.
- b. At least 10% of enrollments in CHG HP will be referred from by and for organizations.

### G. Permanent Supportive Housing Case Management:

#### 1. Outputs

- a. At least 7 HHs will be served.
- b. At least 70% of HHs will engage in case management services (defined by meeting at least one meeting in the previous month).

- c. At least 90% of referrals made by Coordinated Entry will be accepted.
  - 2. Outcomes – 95% of HHs will maintain housing or exit into permanent housing.
- H. Veterans Assistance:
- 1. Outputs:
    - a. At least 40 veteran households will be served
    - b. At least 15 Veterans will obtain housing.
    - c. At least 20 Veterans will maintain housing.
    - d. At least 20 Veterans will be linked to healthcare.
    - e. At least 35 Veterans will be linked to non-healthcare Veteran services (VA benefits, employment, education, transportation, etc.).
  - 2. Outcomes – Outcomes across racial and ethnic demographics should not be significantly less than the overall rate.

## VII. Reporting Requirements

- A. Quarterly reports will be submitted separately for CE access, housing pool case management, hotel/motel case management, rapid rehousing case management, permanent supportive housing case management, and veteran's assistance. Quarterly reports are due 15 days following the quarter end: April 15<sup>th</sup>, July 15<sup>th</sup>, October 15<sup>th</sup>, and January 15<sup>th</sup>. The reporting templates will be provided via email and may be updated from time to time with advanced notice.
- B. CE Access reporting requirements during reporting period, and year to date:
  - 1. Number of Coordinated Entry intakes completed.
  - 2. Where applicable, when contractor is not meeting output and outcomes goals: Narrative description of challenges associated with meeting goals.
- C. Diversion/deposit assistance reporting requirements during last quarter, and year to date:
  - 1. Number of households who received diversion services only.
  - 2. Number of households who received financial assistance.
  - 3. Average amount of financial assistance received.
  - 4. Median amount of financial assistance received.
  - 5. Where applicable, when contractor is not meeting output and outcomes goals: Narrative description of challenges associated with meeting goals.
- D. Housing pool case management reporting requirements during last quarter, and year to date:
  - 1. Number of unique HHs served.
  - 2. Percent of households that reduced at least one significant barrier to housing.
  - 3. Where applicable, when contractor is not meeting output and outcomes goals: Narrative description of challenges associated with meeting goals.
- E. Hotel/motel case management reporting requirements during quarter, and year to date:
  - 1. Number of bed nights supported by the program.
  - 2. On the last day of the reporting period, the percent of households who have engaged in case management services within the previous month.
  - 3. Median length of stay for individuals or households that exited.
  - 4. Percent exiting to permanent housing among people who exited.

5. Where applicable, when contractor is not meeting output and outcomes goals: Narrative description of challenges associated with meeting goals.
- F. Rapid rehousing case management reporting requirements during last quarter, and year to date:
1. Number of unique HHs served.
  2. Number of households enrolled on last day of reporting period.
  3. Percent of households engaging in case management services on last day of reporting period.
  4. Median length of stay in program for HHs who exited during reporting period.
  5. Percent positive exits among people who exited.
  6. Where applicable, when contractor is not meeting output and outcomes goals: Narrative description of challenges associated with meeting goals.
- G. Homelessness prevention case management reporting requirements during last quarter, and year to date:
1. Number of unique HHs served.
  2. Number of households enrolled on last day of reporting period.
  3. Percent of households engaging in case management services on last day of reporting period.
  4. Median length of stay in program for HHs who exited during the reporting period.
  5. Percent of households who have entered a program in HMIS within 6 months of program exit.
  6. Percent of new enrollments in CHG HP that were referred from by and for organizations.
- H. Permanent supportive housing case management reporting requirements during last quarter, and year to date:
1. Number of unique HHs served.
  2. On the last day of the reporting period, the percent of households who have engaged in case management services within the previous month.
  3. Bed night occupancy.
  4. Percent of households who either maintained housing or had a positive exit.
  5. Where applicable, when contractor is not meeting output and outcomes goals: Narrative description of challenges associated with meeting goals.
- I. Supplemental veteran's assistance reporting requirements during last quarter, and year to date:
1. Number of Veterans served.
  2. Number of Veterans that obtained housing.
  3. Number of Veterans that maintained housing.
  4. Number of Veterans linked to health care.
  5. Number of people linked to non-health care services (VA benefits, employment, education, transportation, etc.)
- J. Additionally, the County is required to report HMIS project expenditures to the Washington State Department of Commerce for their annual report submitted to the Washington State Legislature. When requested, the Contractor shall provide the County with the necessary expenditure information in a timely manner.

## VIII. Flex Funding

Flex funds must follow the Guidelines established by the County and be reported on the spreadsheet provided by the County (Exhibit D) and signed by an authorized agency signatory. In addition, all flex fund reimbursement requests must be accompanied by receipts and an updated copy of flex funds spreadsheet.

**EXHIBIT “B” – Amendment #3**  
**(COMPENSATION)**

**Source of Funding and Budget:** The source of funding for this contract period (07/01/2025 – 06/30/2026), in an amount not to exceed \$2,007,866, is the Veterans Assistance Fund and the Washington State Department of Commerce Consolidated Homeless Grant. The budget for this contract is as follows:

Cost Description	Documents Required Each Invoice	Budget
<b>Consolidated Homeless Grant [Targeted Eviction Prevention (July 2025 – June 2026)]</b>		
Personnel – ( <i>salary, taxes, benefits</i> ): Case Managers (5 FTE) Eviction Prevention Specialist (1 FTE) Program Coordinator, Program Manager Housing Services AD	Expanded GL report for the period including fringe rate	\$468,215
*Communications (does not include system upgrades or capital costs)	GL Detail and copies of paid invoices or receipts; cost allocation plan where applicable	\$4,000
*Office Supplies	Copies of receipts or paid invoices	\$1,000
*Printing and Postage		\$400
Translation/Interpretation Services	Paid Invoice	\$3,750
Staff Mileage @ GSA Rate	See Exhibit B 1. (6.c)	\$3,000
Staff Training/Travel	See Exhibit B 1. (6.d)	\$1,600
Flex Funds and Client Transportation Assistance	<ul style="list-style-type: none"> <li>• Flex Fund Spreadsheet and copies of receipts</li> <li>• Paid invoices or receipts for bus passes</li> <li>• For gas cards: Paid invoices or receipts and distribution log documenting: <ul style="list-style-type: none"> <li>a. Unique client ID number</li> <li>b. Date of receipt</li> <li>c. Signature of staff distributing each card and signature of staff witnessing distribution to each client</li> <li>d. Amount per distribution to client</li> <li>e. Cumulative total distributed to client for the entire contract period to date</li> </ul> </li> </ul>	\$4,000
<b>CHG (TEP) Subtotal</b>		<b>\$485,965</b>
***CHG (TEP) Indirect @ 14%		\$68,035
<b>CHG (TEP) Total</b>		<b>\$554,000</b>

Cost Description	Documents Required Each Invoice	Budget
<b>Consolidated Homeless Grant [Inflation (July 2025 – June 2026)]</b>		
Personnel ( <i>salary, taxes, benefits</i> ): Case Managers (8.25 FTE) Information and Referral Specialists (2 FTE) Program Coordinators, Program Managers Housing Services AD	Expanded GL report for the period including fringe rate	\$1,155,302
*Communications (does not include system upgrades or capital costs)	GL Detail and copies of paid invoices or receipts; cost allocation plan where applicable	\$10,540
*Office Supplies	Copies of receipts or paid invoices	\$3,100
*Printing and Postage		\$600
Translation/Interpretation Services	Paid Invoices	\$3,750
Staff Mileage @ GSA rate	See Exhibit B 1. (6.c)	\$4,400
Staff Training/Travel	See Exhibit B 1. (6.d)	\$7,000
*/**Equipment	GL Detail and copies of paid invoices or receipts; cost allocation plan where applicable	\$8,448
*Motel Damage Mitigation Supplies	GL Detail and copies of paid invoices or receipts; cost allocation plan where applicable	\$5,000
Flex Funds	Flex Fund Spreadsheet and copies of receipts	\$6,000
<b>CHG (Inflation) Subtotal</b>		<b>\$1,204,140</b>
***CHG (Inflation) Indirect @ 14%		\$168,579
<b>CHG (Inflation) Total</b>		<b>\$1,372,719</b>

Cost Description	Documents Required Each Invoice	Budget
<b>Veterans Assistance Fund (July 2025 – June 2026)</b>		
Personnel ( <i>salary, taxes, benefits</i> ): Case Manager (1 FTE), Program Manager	Expanded GL report for the period including fringe rate	\$69,522
*Communications (does not include system upgrades or capital costs)	GL Detail and copies of paid invoices or receipts; cost allocation plan where applicable	\$460
*Office Supplies	Copies of receipts or paid invoices	\$300
Staff Mileage @ GSA Rate	See Exhibit B 1. (6.c)	\$600
Staff Training/Travel	See Exhibit B 1. (6.d)	\$300
<b>VAF Subtotal</b>		<b>\$71,182</b>
***VAF Indirect @ 14%		\$9,965
<b>VAF Total</b>		<b>\$81,147</b>

<b>TOTAL OVERALL BUDGET</b>	<b>\$2,007,866</b>
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\* All direct costs must be related solely to this program or based on approved cost allocation plan.

\*\* All equipment expenses exceeding \$500 must be pre-approved by the contract administrator.

\*\*\* Per the Contractor's Federally approved Nonprofit Rate Agreement (Exhibit G):

- i. Base indirect may be applied to total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000 and flow-through funds.
- ii. Base fringe benefits may be applied to salaries and wages excluding vacation, holiday, sick leave pay and other paid absences.

Contractor's Invoicing Contact Information:	
Name	David Grote
Phone	360-734-5121
Email	<a href="mailto:david_grote@oppco.org">david_grote@oppco.org</a>

**Refer to Exhibits B.1 and B.2 for additional invoicing requirements and information.**

## EXHIBIT “B.1” – Invoicing – General Requirements

1. When applicable, the contractor may transfer funds among budget line items in an amount not to exceed 10% of the total budget. Line item changes that exceed 10% must be pre-approved by the County Contract Administrator, prior to invoicing.
2. When applicable, indirect costs and fringe benefit cost rates may not exceed the amount indicated in Exhibit B or the Contractor's federally approved indirect cost rate.
3. The Contractor shall submit invoices indicating the County-assigned contract number to:  
[HL-BusinessOffice@co.whatcom.wa.us](mailto:HL-BusinessOffice@co.whatcom.wa.us) and [AGeelyns@co.whatcom.wa.us](mailto:AGeelyns@co.whatcom.wa.us)
4. The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County and by the 15<sup>th</sup> of the month, following the month of service, except for January and July where the same is due by the 10<sup>th</sup> of the month.
5. When applicable, the Contractor will utilize grant funding sources in the order of their expiration date as indicated by the County, prior to spending local funding sources, when no funding restrictions prevent doing so.
6. The contractor shall submit the required invoice documentation identified in Exhibit B.
  - a. The County reserves the right to request additional documentation in order to determine eligible costs. Additional documentation must be received within 10 business days of the County's request.
  - b. When applicable, if GL reports for personnel reimbursement do not specify position titles, additional documentation must be provided that includes staff name and position title.
  - c. When applicable, mileage will be reimbursed at the current GSA rate ([www.gsa.gov](http://www.gsa.gov)). Reimbursement requests for mileage must include:
    1. Name of staff member
    2. Date of travel
    3. Starting address (including zip code) and ending address (including zip code)
    4. Number of miles traveled
  - d. When applicable, travel and/or training expenses will be reimbursed as follows:
    1. Lodging and meal costs for training are not to exceed the current GSA rate ([www.gsa.gov](http://www.gsa.gov)), specific to location.
    2. Ground transportation, coach airfare and ferries will be reimbursed at cost when accompanied by receipts.
    3. Reimbursement requests for allowable travel and/or training must include:
      - a. Name of staff member
      - b. Dates of travel
      - c. Starting point and destination
      - d. Brief description of purpose
      - e. Receipts for registration fees or other documentation of professional training expenses.
      - f. Receipts for meals are not required.
7. Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from the Contractor.
8. The County may withhold payment of an invoice if the Contractor submits it or the required invoice documentation, more than 30 days after the month of services performed and/or the expiration of this contract.
9. Invoices must include the following statement, with an authorized signature and date: **I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.**
10. Duplication of billed costs or payments for service: The Contractor shall not bill the County for services performed or provided under this contract, and the County shall not pay the Contractor, if the Contractor has been or will be paid by any other source, including grants, for those costs used to perform or provide the services in this contract. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract.



11. Submitted invoices must include a cover sheet with the following information, dated and signed:

- The statement, "I certify that the materials have been furnished, the services rendered, or the labor performed as described in this invoice."
- Monthly spenddown report showing:

		Amt invoiced by contract month													
Item	Amt awarded	1	2	3	4	5	6	7	8	9	10	11	12	Percent spent	Total remaining
Item1															
Item2															
Item3															
Total															

## EXHIBIT "B.2" – Invoice Preparation Checklist for Vendors

The County intends to pay you promptly. Below is a checklist to ensure your payment will be processed quickly. Provide this to the best person in your company for ensuring invoice quality control.

☐ Send the invoices to the correct address:

[HL-BusinessOffice@co.whatcom.wa.us](mailto:HL-BusinessOffice@co.whatcom.wa.us) and [AGeelyns@co.whatcom.wa.us](mailto:AGeelyns@co.whatcom.wa.us)

☐ Submit invoices monthly, or as otherwise indicated in your contract.

### Verify that:

- ☐ invoices include the following statement with an authorized signature and date: **I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.**
- ☐ the time period for services performed is clearly stated and within the contract term beginning and end dates. Also verify any other dates identified in the contract, such as annual funding allocations;
- ☐ invoice items have not been previously billed or paid, given the time period for which services were performed;
- ☐ enough money remains on the contract and any amendments to pay the invoice;
- ☐ the invoice is organized by task and budget line item as shown in Exhibit B;
- ☐ the Overhead or Indirect Rate costs match the most current approved rate sheet;
- ☐ the direct charges on the invoice are allowable by contract. Eliminate unallowable costs.
- ☐ personnel named are explicitly allowed for within the contract and the Labor Rates match the most current approved rate sheet;
- ☐ back-up documentation matches what is required as stated in Exhibit B and B.1;
- ☐ contract number is referenced on the invoice;
- ☐ any pre-authorizations or relevant communication with the County Contract Administrator is included; and
- ☐ Check the math.

### Whatcom County will not reimburse for:

- Alcohol or tobacco products;
- Traveling Business or First Class; or
- Indirect expenses exceeding 10% except as approved in an indirect or overhead rate agreement.

**“EXHIBIT D” – Amendment 3**  
**WHATCOM COUNTY FLEX FUNDS GUIDELINES**

“Flex funds” are funds that may be used at the discretion of the Contractor, following the policies described below, to purchase goods or services directly related to the service needs of the Contractor’s clients, when no other funding source is available. Such goods or services must be reasonable and necessary to meet a client’s emergent service needs or contribute to the stabilization or self-sufficiency of the client and must be documented in the client’s file.

**Allowable Costs:**

- Clothing
- Food/pet food
- Housing/rental assistance, including utilities
- Non-recurring or short-term moving costs, including but not limited to application fees, background checks, security deposits, storage unit rental, and professional movers
- Transportation, including bus passes, taxi fare, ride share, registration, insurance, tires, repairs/maintenance
- Critical documents, including driver’s permits, testing fees, and licenses, ID cards, birth certificates, student records, etc.
- Educational or vocational training program fees, equipment, and supplies
- Household supplies and essential furniture
- Non-recurring or short-term health care, including co-pays, prescriptions, medical equipment, eyeglasses, and wheelchairs
- Other, as approved by Whatcom County

**Limitations:** Flex fund expenditures must be within the allowable criteria of the funding source in addition to the criteria established by the County, as identified above, and must have no other funding available from any other source. Use of flex funds must be documented in the client’s file.

Flex funds distributed to any one client cannot exceed \$1,000 per year, except with written authorization from the County. No flex fund disbursements are to be made directly to the client but rather will be made on behalf of a client. Flex funds may not be used to purchase retailer or merchant gift cards, vouchers, or certificates that can be exchanged for cash or that allow the recipient to purchase alcohol, tobacco, or cannabis products.

**Documentation:** Requests for reimbursement of flex funds must include the attached form including the following:

- A. The person or organization funds were paid to.
- B. Date of transaction.
- C. A list of the goods and/or services purchased.
- D. The cost of the goods and/or services purchased.
- E. The initials of the client and/or unique identifying number of the client for whom the goods and/or services were purchased.
- F. The total amount of flex funds distributed to the client during the year.
- G. The service need addressed by the expenditure.
- H. Accompanying invoices and/or receipts.
- I. Evidence of administrative review of expenditures

**See Attached Form**

Contractor:			Contract:			Period:		
<b>Whatcom County Health and Community Services Flex Fund Documentation</b>								
<b>Paid To *</b>	<b>Date</b>	<b>Cost</b>	<b>Goods/Services Purchased</b>	<b>Client ID</b>	<b>Total \$ To Client this Year</b>	<b>Service Need</b>	<b>No Other Funding Available</b>	<b>Administrative Review</b>
<b>* ATTACH RECEIPTS FOR EACH PURCHASE</b>								